

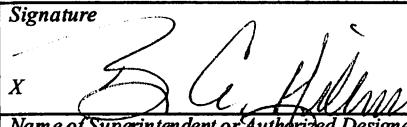
| | | | | | | |
|---|---|--|--|---|-----------------------------|---|
|  0000252878 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2017 051281 | RECEIVED | |
| | | | | TOWN CLERK'S OFFICE | 2017 DEC - 5 P 4: 36 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | | |
| DECEDENT | Decedent Name STROM, LINDA --- Place of Death 1021 MADISON PLACE, SOUTHBOROUGH, MA Date of Death NOVEMBER 12, 2017 Residence 1021 MADISON PLACE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | SOUTHBOROUGH, MA Date of Birth SEPTEMBER 15, 1948 Sex FEMALE | | |
| | <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO | | | | | |
| | <i>Branch of military (most recent)</i> --- | | | <i>Rank/organization/outfit (most recent)</i> --- | | |
| | <i>Date entered (most recent)</i> --- | | | <i>Date Discharged (most recent)</i> --- | | <i>Service Number (most recent)</i> --- |
| | Certifier DAVID SOMMER, MD Addr. 123 SUMMER STREET, WORCESTER, MASSACHUSETTS 01608 | | | Lic # 238767 | | |
| | <i>Immediate Cause of Death</i> CARDIAC ARREST | | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | | |
| DISPOSITION | <i>Funeral Licensee/Designee</i> CHRISTOPHER P GOULET, SR | | | <i>Lic #</i> 50719 | | |
| | <i>Facility</i> HAMEL FUNERAL CARE & CREMATION SERVICE OF MASSACHUSETTS, QUINCY, MASSACHUSETTS | | | | | |
| | <i>Disposition Type</i> CREMATION | | | <i>Date of Disposition</i> NOVEMBER 16, 2017 | | |
| | <i>Place/Address</i> BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184 | | | | | |
| Endorsements | | | | | | |
| PERMIT | <i>Registry of Vital Records and Statistics</i> | | Board of Health/Agent for: SOUTHBOROUGH | | | |
| | <i>State Tracking #</i> 051281 | | <i>Local Permit #</i> E-PERMIT | | | |
| | <i>Date</i> NOVEMBER 15, 2017 | | <i>Date</i> --- | | | |
| | | | <i>Name of Agent</i> --- | | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | | |
| | <i>Place of Disposition (Facility Name and Address)</i> Blue Hill Cemetery and Crematory 700 West Street, Braintree, MA 02184 | | | <i>Signature</i> <i>X</i>  | | |
| | <i>Disposition Type</i> Cremation <i>Date of Disposition</i> NOV 17 2017 | | | <i>Name of Superintendent or Authorized Designee:</i> Gerald M. Ridge, Jr., President | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | | |
|---|---|---|--|----------------------|
|  0000252940 Form R-309 07012014 | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | |
| | | <i>State File #</i> | 2017 050937 | |
| | | RECEIVED TOWN CLERK'S OFFICE | | |
| Information necessary for the Certificate of Death has been completed for: | | | | |
| DECEDENT | Decedent Name | HALLIS EY , RICHARD ALYN | | |
| | Place of Death | 10 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death | NOVEMBER 13, 2017 | Date of Birth | JUNE 02, 1933 |
| | Residence | 10 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| | <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> — <i>Branch of military (most recent)</i> — <i>Date entered (most recent)</i> — <i>Rank/organization/outfit (most recent)</i> — <i>Date Discharged (most recent)</i> — <i>Service Number (most recent)</i> — | | | |
| CERTIFIER | Certifier RICHARD ORINO, MD | | Lic # 55285 | |
| | Addr. 604 MAIN STREET, SHREWSBURY, MASSACHUSETTS 01545 | | | |
| | Immediate Cause of Death SQUAMOUS CELL LUNG CANCER | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | |
| DISPOSITION | Funeral Licensee/Designee NANCY G MORRIS | | Lic # 50277 | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | |
| | Disposition Type BURIAL | | Date of Disposition NOVEMBER 18, 2017 | |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |
| Endorsements | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # 050937 | | Local Permit # E-PERMIT | |
| | Date | NOVEMBER 14, 2017 | Date | — |
| <i>Name of Agent</i> — | | | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | |
| | Place of Disposition (Facility Name and Address) <i>RURAL CEMETERY 11 CORDAVILLE ST, SOUTHBOROUGH, MA SEC. M, CIV. 391</i> | | Signature  <i>X</i> | |
| | Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: <i>BRIAN A. GLENNY - Deacon</i> | |
| Acceptance of Permit | | | | |
| Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits <u>without</u> the "E-PERMIT" designation <u>must</u> contain a local permit number and date prior to acceptance for disposal. | | | | |
| A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form. | | | | |
| After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records. | | | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

1/3/17 Chow #56 Grave C Entombment 2/1/17

| | | | | | | |
|---|---|---|--|---|--------------------|--|
|  0000188140 Form R-309 07012014 | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2017 004791 | | |
| | | | | | | |
| Information necessary for the Certificate of Death has been completed for: | | | | RECEIVED TOWN CLERK'S OFFICE 2017 SEP 13 A 8:16 | | |
| DECEDENT | Decedent Name | MERCORELLI, EDWARD PHILIP | | | | |
| | Place of Death | 22 BREAKNECK HILL ROAD, SOUTHBOROUGH, MA | | | SOUTHBOROUGH, MA | |
| | Date of Death | JANUARY 25, 2017 | | Date of Birth | SEPTEMBER 25, 1952 | |
| | Residence | 22 BREAKNECK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS | | | Sex MALE | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) --- Date entered (most recent) --- Date Discharged (most recent) --- Service Number (most recent) --- | | | | | |
| CERTIFIER | Certifier JOHN G KRIKORIAN, MD | | | Lic # 36428 | | |
| | Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702 | | | | | |
| | Immediate Cause of Death METASTATIC ADENOCARCINOMA OF THE PROSTATE | | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | | |
| DISPOSITION | Funeral Licensee/Designee WILLIAM R DUCKETT | | | Lic # 50842 | | |
| | Facility. METROWEST FUNERAL & CREMATION SERVICES, WADSWORTH-CHIAPPINI, FRAMINGHAM, MASSACHUSETTS | | | | | |
| | Disposition Type BURIAL | | | Date of Disposition FEBRUARY 01, 2017 | | |
| | Place/Address PROSPECT HILL CEMETERY, AUBURN ROAD, MILLIS, MASSACHUSETTS 02054 | | | | | |
| Endorsements | | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | | |
| | State Tracking # 004791 | | Local Permit # E-PERMIT | | | |
| | Date JANUARY 31, 2017 | | Date --- | | | |
| | Name of Agent --- | | | | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | | |
| | Place of Disposition (Facility Name and Address) Prospect Hill Cemetery Millis MA 02054 | | | Signature <i>X</i> | | |
| | Disposition Type <i>Burial</i> | Date of Disposition <i>2/1/17</i> | Name of Superintendent or Authorized Designee: | | | |

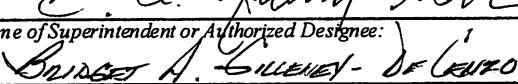
Acceptance of Permit

Permits printed with the designation "E-PERM IT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERM IT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

64539

| | | | | | |
|---|---|---|--|---|---|
|  0000151489 Form R-309 07012014 | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2016 037343 OCME CASE # 2016-10622 RECEIVED TOWN CLERK'S OFFICE | |
| | | 2017 AUG 25 A 8:29 | | | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name MERLONI, JEFFREY JAMES Place of Death 12 E MAIN STREET, SOUTHBOROUGH, MA Date of Death AUGUST 26, 2016 Date of Birth OCTOBER 25, 1960 Residence 12 E MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 Sex MALE | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) --- Date entered (most recent) --- | | | | Rank/organization/outfit (most recent) --- Date Discharged (most recent) --- Service Number (most recent) --- |
| CERTIFIER | Certifier ANAND B. SHAH, MD Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02125 | | | | Lic # 263749 |
| | Immediate Cause of Death PENDING | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/Designee NANCY G MORRIS Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type CREMATION Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | Lic # 50277 Date of Disposition SEPTEMBER 05, 2016 |
| | | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics 037343 | | Board of Health/Agent for: SOUTHBOROUGH Local Permit # 16-13 | | |
| | Date AUGUST 29, 2016 | | Date AUGUST 29, 2016 Name of Agent JAMES F. HEGARTY | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH, MA Sec. F, Lot 499A | | Signature  X | | |
| Disposition Type Burial of Cremated Remains | | Date of Disposition Aug. 29, 2017 | Name of Superintendent or Authorized Designee:  | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

66851

| | | | | | | |
|--|--|--|--|--|----------------|-----------------------------------|
|  0000228874 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # | 2017 033809 | |
| | | | | RECEIVED OCME CASE # 2017-0342 TOWN CLERK'S OFFICE | | |
| Information necessary for the Certificate of Death has been completed for: | | | | | | |
| DECEDENT | Decedent Name | BARTON, JESSE P | | SOUTHBOROUGH, MA | | |
| | Place of Death | 16 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MA | | | | |
| | Date of Death | JULY 21, 2017 | | Date of Birth | MARCH 20, 1992 | |
| | Residence | 16 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | Sex |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | | |
| | Branch of military (most recent) | | Rank/organization/outfit (most recent) | | | |
| | Date entered (most recent) | | Date Discharged (most recent) | Service Number (most recent) | | |
| | Certifier RICHARD J. EVANS, MD | | | Lic # 58622 | | |
| Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655 | | | | | | |
| Immediate Cause of Death PENDING | | | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | | |
| DISPOSITION | Funeral Licensee/Designee NANCY G MORRIS | | | | | Lic # 50277 |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | | |
| | Disposition Type CREMATION | | | | | Date of Disposition JULY 28, 2017 |
| | Place/Address RURAL CEMETERY (CREMATORIAL), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | | |
| Endorsements | | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | | |
| | State Tracking # 033809 | | Local Permit # E-PERMIT | | | |
| | Date JULY 25, 2017 | | Date — | | | |
| | | | Name of Agent — | | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | | |
| | Place of Disposition (Facility Name and Address) Rural Cremation 180 Grove Street Worcester, MA 01605 | | | Signature X John M. Cobell | | |
| | Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: John M. Cobell | | | |
| | cremation | AUG 02 2017 | | | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000224779



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION

State File #

2017 031075

RECEIVED
PERMIT TOWN CLERK'S OFFICE

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for: 2017 JUL 24 A 11:42

| | | | | |
|--|--|--|--|-----------------------------------|
| DECEDENT | Decedent Name | CARROLL-BALLARD , PATRICIA M | | SOUTHBOROUGH, MA |
| | Place of Death | 50 DEERFOOT ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death | JULY 05, 2017 | | Date of Birth FEBRUARY 25, 1945 |
| | Residence | 50 DEERFOOT ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | |
| Branch of military (most recent) --- | | Rank/organization/outfit(most recent) --- | | |
| Date entered(most recent) --- | | Date Discharged (most recent) --- | Service Number(most recent) --- | |
| CERTIFIER | Certifier MICHAEL CONSTANTINE, MD | | | Lic # 75799 |
| | Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215 | | | |
| | Immediate Cause of Death LEIOMYOSARCOMA | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | |
| DISPOSITION | Funeral Licensee/Designee DAVID A PICKERING | | | Lic # 6170 |
| | Facility. WESTBORO FUNERAL HOME, INC, WESTBOROUGH, MASSACHUSETTS | | | |
| | Disposition Type | DONATION | | Date of Disposition JULY 06, 2017 |
| | Place/Address | HARVARD MEDICAL SCHOOL, 260 LONGWOOD AVENUE, BOSTON, MASSACHUSETTS 02115 | | |
| Endorsements | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # 031075 | | Local Permit # E-PERMIT | |
| | Date JULY 07, 2017 | | Date --- | Name of Agent --- |
| | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | Signature | |
| CONFIRMATION | Place of Disposition (Facility Name and Address) Harvard Medical School AGP Boston MA | | Signature X Michael | |
| | Disposition Type Donation | Date of Disposition 7/6/17 | Name of Superintendent or Authorized Designee: Mark Cicchetti | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

66080

| | | | | |
|---|--|---|---|--|
|  0000204262 Form R-309 07012014 | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | |
| | | State File # | 2017 016179 | |
| Information necessary for the Certificate of Death has been completed for: | | | | |
| DECEASED | Decedent Name BETTINELLI, MARY ELLEN Place of Death 179 CORDAVILLE ROAD, SOUTHBOROUGH, MA Date of Death MARCH 31, 2017 Date of Birth SEPTEMBER 15, 1949 Sex FEMALE Residence 179 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |
| | <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO <i>Branch of military (most recent)</i> --- <i>Date entered (most recent)</i> <i>Date Discharged (most recent)</i> <i>Service Number (most recent)</i> --- --- --- | | | |
| CERTIFIER | Certifier STEPHEN BUCHANAN, MD Lic # 216529 Addr. 761 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701 | | | |
| | <i>Immediate Cause of Death</i> END STAGE RENAL DISEASE | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | |
| DISPOSITION | Funeral Licensee/Designee NANCY G MORRIS Lic # 50277 Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition APRIL 06, 2017 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | |
| | Endorsements | | | |
| | PERMIT | Registry of Vital Records and Statistics State Tracking # 016179 Date APRIL 04, 2017 | Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date --- Name of Agent --- | |
| | | | X <i>John H Cobell</i> | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | |
| | Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605 | Signature <i>John H Cobell</i> | | |
| Disposition Type CREMATION | Date of Disposition APR 07 2017 | Name of Superintendent or Authorized Designee: John H Cobell | | |

Acceptance of Permit **Cremation**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 007932

0000193816

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

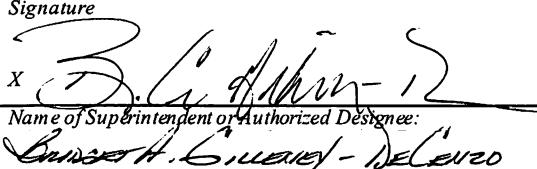
| | | | | | | |
|---|---|---|--|-------------------|------------|--------|
| DECEDENT | <i>Decedent Name</i> | DIPAS QUALE , ANGELINE M | | | | |
| | <i>Place of Death</i> | 11 WILDDWOOD DRIVE, SOUTHBOROUGH, MA | | | | |
| | <i>Date of Death</i> | FEBRUARY 14, 2017 | <i>Date of Birth</i> | NOVEMBER 19, 1927 | <i>Sex</i> | FEMALE |
| | <i>Residence</i> | 11 WILDDWOOD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO | | | | | | |
| <i>Branch of military (most recent)</i> — | | <i>Rank/organization/outfit (most recent)</i> — | | | | |
| <i>Date entered (most recent)</i> — | | <i>Date Discharged (most recent)</i> | <i>Service Number (most recent)</i> — | | | |
| CERTIFIER | Certifier MATHEW BEAN, MD | | | Lic # 224284 | | |
| | Addr: 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | | |
| | <i>Immediate Cause of Death</i> CONGESTIVE HEART FAILURE | | | | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | | |
|--------------------|--|--|---------------------------------------|------------|
| DISPOSITION | Funeral Licensee/Designee SHANNON M. HENRY | | | Lic # 6234 |
| | Facility: BRITTON FUNERAL HOMES INC, SHREWSBURY, MASSACHUSETTS | | | |
| | Disposition Type BURIAL | | Date of Disposition FEBRUARY 18, 2017 | |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |

Endorsements

| | | | | |
|---------------|--|---------------|---|-----|
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # 007932 | | Local Permit # E-PERMIT | |
| | Date FEBRUARY 16, 2017 | | Date | --- |
| | | Name of Agent | --- | |

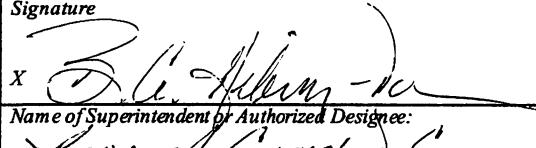
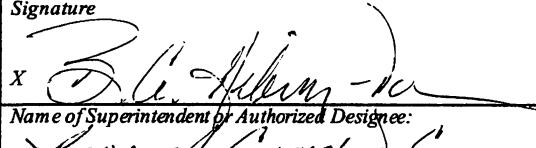
| | | | |
|--|---------------------|--|--|
| I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | |
| Place of Disposition (Facility Name and Address) | | Signature | |
| Rural Cemetery 11 Cordaville Rd., Southborough, MA 01772 Sec. 9 Lot 44A, Lot #1 | |  | |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | |
| CREMATION | FEBRUARY 16, 2017 |  | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | | | |
|---|--|--|--|--|--|
|  0000192150 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2017 007063 RECEIVED TOWN CLERK'S OFFICE | |
| Information necessary for the Certificate of Death has been completed for: | | | | 2017 FEB 16 P 2:16 SOUTHBOROUGH, MA | |
| DECEDENT | <i>Decedent Name</i> | CHARBONNIER, ALDONA B. | | | |
| | <i>Place of Death</i> | DAUGHTER'S HOME, SOUTHBOROUGH, MA | | | |
| CERTIFIER | <i>Date of Death</i> | FEBRUARY 10, 2017 | <i>Date of Birth</i> | MARCH 11, 1913 | |
| | <i>Residence</i> | 37 SOUTHVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |
| <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO | | | | | |
| <i>Branch of military (most recent)</i> — | | <i>Rank/organization/outfit (most recent)</i> — | | | |
| <i>Date entered (most recent)</i> — | | <i>Date Discharged (most recent)</i> — | <i>Service Number (most recent)</i> — | | |
| <i>Certifier</i> SHELLEY KRAMER, MD <i>Addr.</i> 112 TURNPIKE ROAD, WESTBOROUGH, MASSACHUSETTS 01581 | | <i>Lic #</i> 57223 | | | |
| <i>Immediate Cause of Death</i> ACUTE CORONARY THROMBOSIS | | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | <i>Funeral Licensee/Designee</i> NANCY G MORRIS | | | <i>Lic #</i> 50277 | |
| | <i>Facility</i> MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | |
| | <i>Disposition Type</i> BURIAL | | <i>Date of Disposition</i> FEBRUARY 14, 2017 | | |
| | <i>Place/Address</i> RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| Endorsements | | | | | |
| PERMIT | <i>Registry of Vital Records and Statistics</i> | | <i>Board of Health/Agent for: SOUTHBOROUGH</i> | | |
| | <i>State Tracking #</i> 007063 | | <i>Local Permit #</i> E-PERMIT | | |
| | <i>Date</i> FEBRUARY 13, 2017 | | <i>Date</i> — | | |
| | <i>Name of Agent</i> — | | <i>—</i> | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | <i>Signature</i>  <i>X</i> Bridget A. Shelley-deLucco |
| | <i>Place of Disposition (Facility Name and Address)</i> RURAL CEMETERY 11 CORDAVILLE RD, SOUTHBOROUGH, MA 01772 SEC. 1-C, LOT 12, SEAT 2 | | <i>Signature</i>  <i>X</i> Bridget A. Shelley-deLucco | | |
| | <i>Disposition Type</i> FULL EARTH BURIAL | <i>Date of Disposition</i> FEB 14, 2017 | <i>Name of Superintendent or Authorized Designee:</i> Bridget A. Shelley-deLucco | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2017 004791

0000188140

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

| | | | | | | |
|--|---|---|------------------------------------|--------------------|-----|------|
| DECEDENT | Decedent Name | MERCORELLI , EDWARD PHILIP | | | | |
| | Place of Death | 22 BREAKNECK HILL ROAD, SOUTHBOROUGH, MA | | | | |
| | Date of Death | JANUARY 25, 2017 | Date of Birth | SEPTEMBER 25, 1952 | Sex | MALE |
| | Residence | 22 BREAKNECK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS | | | | |
| If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | | | |
| Branch of military (most recent) --- | | Rank/organization/outfit(most recent) --- | | | | |
| Date entered(most recent) --- | | Date Discharged (most recent) --- | Service Number(most recent) --- | | | |
| CERTIFIER | Certifier JOHN G KRIKORIAN, MD | | | Lic # 36428 | | |
| | Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702 | | | | | |
| | Immediate Cause of Death METASTATIC ADENOCARCINOMA OF THE PROSTATE | | | | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | | |
|-------------|---|--|--|---------------------------------------|
| DISPOSITION | Funeral Licensee/ Designee WILLIAM R DUCKETT | | | Lic # 50842 |
| | Facility. METROWEST FUNERAL & CREMATION SERVICES, WADSWORTH-CHIAPPINI, FRAMINGHAM, MASSACHUSETTS | | | |
| | Disposition Type BURIAL | | | Date of Disposition FEBRUARY 01, 2017 |
| | Place/Address PROSPECT HILL CEMETERY, AUBURN ROAD, MILLIS, MASSACHUSETTS 02054 | | | |

Endorsements

| | | | | |
|------------------|--|--|---|--|
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # 004791 | | Local Permit # 17-1 | |
| | Date JANUARY 31, 2017 | | Date JANUARY 31, 2017 | |
| | | | Name of Agent JAMES F. HEGARTY | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | |
| | Place of Disposition (Facility Name and Address) | | Signature | |
| | | | X | |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | | | | |
|--|---|--|--|--|-------------|--|
|  0000192150 Form R-309 07012014 | |  <i>Commonwealth of Massachusetts</i> <i>Registry of Vital Records and Statistics</i> DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # | 2017 007063 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | | |
| DECEDENT | Decedent Name CHARBONNIER , ALDONA B. Place of Death DAUGHTER'S HOME, SOUTHBOROUGH, MA Date of Death FEBRUARY 10, 2017 Date of Birth MARCH 11, 1913 Sex FEMALE Residence 37 SOUTHVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | | |
| | <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO <i>Branch of military (most recent)</i> --- <i>Date entered (most recent)</i> --- <i>Date Discharged (most recent)</i> --- <i>Rank/organization/outfit (most recent)</i> --- <i>Service Number (most recent)</i> --- | | | | | |
| CERTIFIER | Certifier SHELLEY KRAMER, MD Lic # 57223 Addr. 112 TURNPIKE ROAD, WESTBOROUGH, MASSACHUSETTS 01581 <i>Immediate Cause of Death</i> ACUTE CORONARY THROMBOSIS | | | | | |
| | <i>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</i> | | | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS <i>Disposition Type</i> BURIAL Date of Disposition FEBRUARY 14, 2017 <i>Place/Address</i> RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | | |
| | Endorsements | | | | | |
| | PERMIT | Registry of Vital Records and Statistics State Tracking # 007063 Date FEBRUARY 13, 2017 | | Board of Health/Agent for: SOUTHBOROUGH Local Permit # 17-2 Date FEBRUARY 14, 2017 Name of Agent JAMES F. HEGARTY | | |
| | | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| <i>Place of Disposition (Facility Name and Address)</i> | | <i>Signature</i> X | | | | |
| <i>Disposition Type</i> | | <i>Date of Disposition</i> | | <i>Name of Superintendent or Authorized Designee:</i> | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

0000193816

Form R-309 07012014

State File #

2017 007932

Information necessary for the Certificate of Death has been completed for:

| | | | | |
|--|---|--|------------------------------------|-------------------|
| DECEDENT | Decedent Name | DIPAS QUALE , ANGELINE M | | |
| | Place of Death | 11 WILDWOOD DRIVE, SOUTHBOROUGH, MA | | |
| | Date of Death | FEBRUARY 14, 2017 | Date of Birth | NOVEMBER 19, 1927 |
| | Residence | 11 WILDWOOD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | |
| Branch of military (most recent) --- | | Rank/organization/outfit(most recent) --- | | |
| Date entered(most recent) --- | | Date Discharged (most recent) --- | Service Number(most recent) --- | |
| CERTIFIER | Certifier MATHEW BEAN, MD | | Lic # 224284 | |
| | Addr. 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |
| | Immediate Cause of Death CONGESTIVE HEART FAILURE | | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | |
|-------------|--|--|---------------------------------------|
| DISPOSITION | Funeral Licensee/Designee SHANNON M. HENRY | | Lic # 6234 |
| | Facility. BRITTON FUNERAL HOMES INC, SHREWSBURY, MASSACHUSETTS | | |
| | Disposition Type BURIAL | | Date of Disposition FEBRUARY 18, 2017 |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |

Endorsements

| | | | |
|--------------------------------|--|---|--|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # 007932 | Local Permit # 17-3 | |
| | Date FEBRUARY 16, 2017 | Date FEBRUARY 17, 2017 | |
| Name of Agent JAMES F. HEGARTY | | | |

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

| | | |
|--|---------------------|--|
| Place of Disposition (Facility Name and Address) | | Signature X |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2017 008838

0000194928

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

| | | | | | | |
|--|---|---|---------------|--|-----|------|
| DECEDENT | Decedent Name | HEFFERNAN , PAUL MYLES | | | | |
| | Place of Death | 13 HARRIS DRIVE, SOUTHBOROUGH, MA | | | | |
| | Date of Death | FEBRUARY 20, 2017 | Date of Birth | JULY 01, 1931 | Sex | MALE |
| | Residence | 13 HARRIS DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| If U.S. veteran, specify war/conflict(s) (most recent) KOREA | | | | | | |
| Branch of military (most recent) ARMY | | Rank/organization/outfit(most recent) SGT | | | | |
| Date entered(most recent) FEBRUARY 25, 1952 | | Date Discharged (most recent) NOVEMBER 14, 1954 | | Service Number(most recent) 11 248 767 | | |
| CERTIFIER | Certifier ZACHARY SPIGELMAN, MD | | | Lic # 55820 | | |
| | Addr. 99 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702 | | | | | |
| | Immediate Cause of Death METASTATIC LUNG CARCINOMA | | | | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | | |
|-------------|---|--|--|--------------------|
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS | | | Lic # 50277 |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | |
| | Disposition Type BURIAL | | Date of Disposition FEBRUARY 25, 2017 | |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |

Endorsements

| | | | |
|---------------------------------------|--|--|--|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # 008838 | Local Permit # 17-4 | |
| | Date FEBRUARY 22, 2017 | Date FEBRUARY 22, 2017 | |
| Name of Agent JAMES F. HEGARTY | | | |

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

| | | |
|--|---------------------|--|
| Place of Disposition (Facility Name and Address) | | Signature |
| | | X |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 008838

0000194928

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

| | | | | | | |
|---|---|--|----------------------|---------------|------------|--------------------|
| DECEDENT | Decedent Name | HEFFERNAN , PAUL MYLES | | | | |
| | Place of Death | 13 HARRIS DRIVE, SOUTHBOROUGH, MA | | | | |
| | Date of Death | FEBRUARY 20, 2017 | Date of Birth | JULY 01, 1931 | Sex | MALE |
| | Residence | 13 HARRIS DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> | | | | | | |
| KOREA | | | | | | |
| Branch of military (most recent) | | Rank/organization/outfit (most recent) | | | | |
| ARMY | | SGT | | | | |
| Date entered (most recent) | Date Discharged (most recent) | Service Number (most recent) | | | | |
| FEbruary 25, 1952 | NOVEMBER 14, 1954 | 11 248 767 | | | | |
| CERTIFIER | Certifier ZACHARY SPIGELMAN, MD | | | | | Lic # 55820 |
| | Addr. 99 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702 | | | | | |
| | Immediate Cause of Death METASTATIC LUNG CARCINOMA | | | | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | | |
|--------------------|---|--|--|--------------------|
| DISPOSITION | Funeral Licensee/Designee NANCY G MORRIS | | | Lic # 50277 |
| | Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | |
| | Disposition Type BURIAL | | Date of Disposition FEBRUARY 25, 2017 | |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |

Endorsements

| | | | | |
|---------------|---|-------------------|--|----------|
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # | 008838 | Local Permit # | E-PERMIT |
| | Date | FEBRUARY 22, 2017 | Date | --- |
| | | | Name of Agent | --- |

| | | | |
|---|----------------------------|--|--|
| I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | |
| Place of Disposition (Facility Name and Address) | | Signature | |
| RURAL CEMETERY 11 CORDAVILLE RD., SOUTHBOROUGH, MA Sec. M, Lot 325 | | X  | |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | |
| FULL EMBALMED | FEbruary 25, 2017 | Dwight J. Grueney - DeCaro | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2017 010988

0000197489

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

| | | | | | | |
|--|--|--|------------------------------------|--------------|-----|--------|
| DECEDENT | Decedent Name | DA SILVEIRA , TELMA FERREIRA | | | | |
| | Place of Death | 611 MADISON PLACE, SOUTHBOROUGH, MA | | | | |
| | Date of Death | MARCH 02, 2017 | Date of Birth | MAY 04, 1952 | Sex | FEMALE |
| | Residence | 611 MADISON PLACE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | | | |
| Branch of military (most recent) --- | | Rank/organization/outfit(most recent) --- | | | | |
| Date entered(most recent) --- | | Date Discharged (most recent) --- | Service Number(most recent) --- | | | |
| CERTIFIER | Certifier ANITA NARTEY, MD | | | Lic # 230268 | | |
| | Addr. 260 COCHITUATE ROAD, FRAMINGHAM, MASSACHUSETTS 01701 | | | | | |
| Immediate Cause of Death RESPIRATORY FAILURE | | | | | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | | |
|-------------|---|--|------------------------------------|------------|
| DISPOSITION | Funeral Licensee/Designee RICHARD D. COLLINS | | | Lic # 6312 |
| | Facility. FITZGERALD & COLLINS FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS | | | |
| | Disposition Type REMOVAL FROM STATE | | Date of Disposition MARCH 08, 2017 | |
| | Place/Address MEMORIAL PARQUE CEMITERIO JARDIM, GOVERNADOR VALADARES, BRAZIL 35040-000 | | | |

| | | | | | |
|--|--|---|-----------|--|------------------|
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH | | | |
| | State Tracking # | 010988 | | Local Permit # | 17-5 |
| | Date | MARCH 06, 2017 | | Date | MARCH 06, 2017 |
| | | | | Name of Agent | JAMES F. HEGARTY |
| I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | | |
| Place of Disposition (Facility Name and Address) | | | Signature | | |
| | | | X | | |
| Disposition Type | | Date of Disposition | | Name of Superintendent or Authorized Designee: | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts

Registry of Vital Records and Statistics

State File #

2017 016179

0000204262

Form R-309 07012014

**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

Information necessary for the Certificate of Death has been completed for:

| | | | |
|--|---|---|---|
| DECEDENT | Decedent Name BETTINELLI , MARY ELLEN | | |
| | Place of Death 179 CORDAVILLE ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death MARCH 31, 2017 | Date of Birth SEPTEMBER 15, 1949 | |
| | Residence 179 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | Sex FEMALE | |
| <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO | | | |
| <i>Branch of military (most recent)</i> --- | | <i>Rank/organization/outfit (most recent)</i> --- | |
| <i>Date entered (most recent)</i> --- | | <i>Date Discharged (most recent)</i> --- | <i>Service Number (most recent)</i> --- |
| CERTIFIER | Certifier STEPHEN BUCHANAN, MD | | |
| | Addr. 761 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701 | | |
| | <i>Immediate Cause of Death</i> END STAGE RENAL DISEASE | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | |
|--------------------|--|--|
| DISPOSITION | Funeral Licensee/Designee NANCY G MORRIS | <i>Lic #</i> 50277 |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | |
| | Disposition Type CREMATION | <i>Date of Disposition</i> APRIL 06, 2017 |
| | Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | |

Endorsements

| | | |
|---|--|---|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 016179 | Local Permit # 17-6 |
| | Date APRIL 04, 2017 | Date APRIL 04, 2017 |
| | Name of Agent JAMES F. HEGARTY | |
| I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| <i>Place of Disposition (Facility Name and Address)</i> | | <i>Signature</i> |
| | | <i>X</i> |
| <i>Disposition Type</i> | <i>Date of Disposition</i> | <i>Name of Superintendent or Authorized Designee:</i> |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2017 016398

0000205147

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

| | | | | |
|---|--|--|--|-------------------|
| DECEDENT | Decedent Name | GIBLIN , KEVIN --- | | |
| | Place of Death | 7 DEERFOOT ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death | APRIL 03, 2017 | Date of Birth | NOVEMBER 08, 1950 |
| | Residence | 7 DEERFOOT ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM | | | | |
| Branch of military (most recent) MARINE CORPS | | Rank/organization/outfit(most recent) LCPL COE, 2DBN, 8THMAR, 2DMARDIV, FMF, CLNC | | |
| Date entered(most recent) OCTOBER 30, 1970 | | Date Discharged (most recent) SEPTEMBER 01, 1972 | Service Number(most recent) 2676022 | |
| CERTIFIER | Certifier DAVID RYAN, MD | | Lic # 150748 | |
| | Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02117 | | | |
| | Immediate Cause of Death PANCREATIC CANCER | | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | |
|-------------|---|--|------------------------------------|
| DISPOSITION | Funeral Licensee/Designee THOMAS H HAYS, III | | Lic # 6284 |
| | Facility. HAYS FUNERAL HOME, INC., NORTHBOROUGH, MASSACHUSETTS | | |
| | Disposition Type BURIAL | | Date of Disposition APRIL 07, 2017 |
| | Place/Address HOWARD STREET CEMETERY, HOWARD STREET, NORTHBOROUGH, MASSACHUSETTS 01532 | | |

| | | | |
|--|--|--|--|
| Endorsements | | | |
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # | 016398 | |
| | Date | APRIL 05, 2017 | |
| | Name of Agent JAMES F. HEGARTY | | |
| I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | |
| Place of Disposition (Facility Name and Address) | | Signature | |
| | | X | |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | | |
|---|---|---|--|--|
|  0000228874 Form R-309 07012014 | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | |
| | | State File # 2017 033809 OCME CASE # 2017-9342 | | |
| Information necessary for the Certificate of Death has been completed for: | | | | |
| DECEDENT | Decedent Name BARTON, JESSE P Place of Death 16 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MA Date of Death JULY 21, 2017 Date of Birth MARCH 20, 1992 Sex MALE Residence 16 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |
| | <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO <i>Branch of military (most recent)</i> --- <i>Date entered (most recent)</i> --- | | | |
| | <i>Rank/organization/outfit (most recent)</i> --- <i>Date Discharged (most recent)</i> --- <i>Service Number (most recent)</i> --- | | | |
| | Certifier RICHARD J. EVANS, MD Lic # 58622 Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655 | | | |
| | <i>Immediate Cause of Death</i> PENDING | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | |
| DISPOSITION | Funeral Licensee/Designee NANCY G MORRIS Lic # 50277 Facility: MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition JULY 28, 2017 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | |
| | Endorsements | | | |
| | PERMIT | Registry of Vital Records and Statistics State Tracking # 033809 Date JULY 25, 2017 | | Board of Health/Agent for: SOUTHBOROUGH Local Permit # 17-9 Date JULY 25, 2017 Name of Agent JAMES F. HEGARTY |
| | | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| Place of Disposition (Facility Name and Address) | | Signature <i>X</i> | | |
| CONFIRMATION | Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | | |
|---|--|--|---|----------------------------------|
|   | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | |
| | | State File # | 2017 051281 | |
| 0000252878 Form R-309 07012014 | | | | |
| Information necessary for the Certificate of Death has been completed for: | | | | |
| DECEDENT | Decedent Name STROM, LINDA --- Place of Death 1021 MADISON PLACE, SOUTHBOROUGH, MA Date of Death NOVEMBER 12, 2017 Date of Birth SEPTEMBER 15, 1948 Sex FEMALE Residence 1021 MADISON PLACE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |
| | <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO <i>Branch of military (most recent)</i> --- <i>Date entered (most recent)</i> --- | | | |
| | <i>Rank/organization/outfit (most recent)</i> --- <i>Date Discharged (most recent)</i> --- <i>Service Number (most recent)</i> --- | | | |
| | CERTIFIER | Certifier DAVID SOMMER, MD Lic # 238767 Addr. 123 SUMMER STREET, WORCESTER, MASSACHUSETTS 01608 | | |
| | | <i>Immediate Cause of Death</i> CARDIAC ARREST | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | |
| DISPOSITION | Funeral Licensee/Designee CHRISTOPHER P GOULET, SR Lic # 50719 Facility HAMEL FUNERAL CARE & CREMATION SERVICE OF MASSACHUSETTS, QUINCY, MASSACHUSETTS Disposition Type CREMATION Date of Disposition NOVEMBER 16, 2017 <i>Place/Address</i> BLUE HILL CREMATORIAL, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184 | | | |
| | Endorsements | | | |
| | PERMIT | Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 051281 Local Permit # 17-10 Date NOVEMBER 15, 2017 Date NOVEMBER 16, 2017 Name of Agent JAMES F. HEGARTY | | |
| | | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | | <i>Place of Disposition (Facility Name and Address)</i> | | <i>Signature</i> <i>X</i> |
| <i>Disposition Type</i> | | <i>Date of Disposition</i> | <i>Name of Superintendent or Authorized Designee:</i> | |
| Acceptance of Permit | | | | |
| Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits <u>without</u> the "E-PERMIT" designation <u>must</u> contain a local permit number and date prior to acceptance for disposal. | | | | |
| A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form. | | | | |
| After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records. | | | | |

| | | | | |
|---|---|---|---|---|
|   | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | |
| 0000252940 Form R-309 07012014 | | State File # | 2017 050937 | |
| Information necessary for the Certificate of Death has been completed for: | | | | |
| DECEDENT | Decedent Name HALLISEY, RICHARD ALYN Place of Death 10 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MA Date of Death NOVEMBER 13, 2017 Date of Birth JUNE 02, 1933 Sex MALE Residence 10 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |
| | <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> --- <i>Branch of military (most recent)</i> --- <i>Date entered (most recent)</i> <i>Date Discharged (most recent)</i> <i>Service Number (most recent)</i> --- --- | | | |
| | <i>Certifier</i> RICHARD ORINO, MD <i>Lic #</i> 55285 <i>Addr.</i> 604 MAIN STREET, SHREWSBURY, MASSACHUSETTS 01545 | | | |
| | <i>Immediate Cause of Death</i> SQUAMOUS CELL LUNG CANCER | | | |
| | This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | |
| DISPOSITION | <i>Funeral Licensee/Designee</i> NANCY G MORRIS <i>Lic #</i> 50277 <i>Facility</i> MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS <i>Disposition Type</i> BURIAL <i>Date of Disposition</i> NOVEMBER 18, 2017 <i>Place/Address</i> RURAL CEMETERY, 11 CORDAVILLE STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |
| | Endorsements | | | |
| | PERMIT | <i>Registry of Vital Records and Statistics</i> <i>State Tracking #</i> 050937 <i>Date</i> NOVEMBER 14, 2017 | | <i>Board of Health/Agent for:</i> SOUTHBOROUGH <i>Local Permit #</i> 17-11 <i>Date</i> NOVEMBER 17, 2017 <i>Name of Agent</i> JAMES F. HEGARTY |
| | | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| <i>Place of Disposition (Facility Name and Address)</i> X | | <i>Signature</i> <i>Name of Superintendent or Authorized Designee:</i> | | |
| CONFIRMATION | <i>Disposition Type</i> | <i>Date of Disposition</i> | <i>Name of Superintendent or Authorized Designee:</i> | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | | | | | |
|---|---|--|---|--|--|-------------------------|--|
|  0000261113 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2017 056997 OCME CASE # 2017-16225 | | | |
| | | | | RECEIVED TOWN CLERK'S OFFICE | | | |
| Information necessary for the Certificate of Death has been completed for: 2017 DEC 20 P 2:40 | | | | | | | |
| DECEDENT | Decedent Name LUCE, JOSEPH B Place of Death E MAIN STREET, 1, SOUTHBOROUGH, MA Date of Death DECEMBER 19, 2017 Date of Birth JANUARY 28, 1962 Residence 26 E MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO <i>Branch of military (most recent)</i> --- <i>Date entered (most recent)</i> --- <i>Date Discharged (most recent)</i> --- <i>Service Number (most recent)</i> --- | | | | | SOUTHBOROUGH, MA | |
| | | | | | | | |
| CERTIFIER | Certifier IRINI A. SCORDI-BELLO, MD Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 | | | | | Lic # 269344 | |
| | | | | | | | |
| <i>Immediate Cause of Death</i> ARTERIOS CLEROTIC AND HYPERTENSIVE CARDIOVASCULAR DISEASE | | | | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type CREMATION <i>Place/Address</i> RURAL CEMETERY (CREMATORIUM), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | | Lic # 50277 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Endorsements | | | | | | | |
| PERMIT | Registry of Vital Records and Statistics State Tracking # 056997 Date DECEMBER 20, 2017 | | Board of Health/Agent for: SOUTHBOROUGH Local Permit # 17-12 Date DECEMBER 20, 2017 Name of Agent JAMES F. HEGARTY | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | | | |
| | <i>Place of Disposition (Facility Name and Address)</i> --- | | | <i>Signature</i> X | | | |
| | <i>Disposition Type</i> --- | <i>Date of Disposition</i> --- | <i>Name of Superintendent or Authorized Designee:</i> --- | | | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

67865

| | | | | | | |
|--|---|---|--|---|---------------|------|
|  0000261113 Form R-309 07012014 | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2017 056997 OCME CASE # 2017-16225 RECEIVED TOWN CLERK'S OFFICE | | |
| Information necessary for the Certificate of Death has been completed for: | | | | 2018 JAN - 2 P 3:42 | | |
| DECEDENT | Decedent Name | LUCE, JOSEPH B | | | | |
| | Place of Death | E MAIN STREET, 1, SOUTHBOROUGH, MA | | | | |
| | Date of Death | DECEMBER 19, 2017 | Date of Birth | JANUARY 28, 1962 | Sex | MALE |
| | Residence | 26 E MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | | |
| CERTIFIER | Branch of military (most recent) | Rank/organization/outfit (most recent) | | | | |
| | Date entered (most recent) | Date Discharged (most recent) | Service Number (most recent) | | | |
| | Certifier IRINI A. SCORDI-BELLO, MD Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 | | Lic # 269344 | | | |
| Immediate Cause of Death ARTERIOSCLEROTIC AND HYPERTENSIVE CARDIOVASCULAR DISEASE | | | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | | |
| DISPOSITION | Funeral Licensee/Designee NANCY G MORRIS | | | Lic # 50277 | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | | |
| | Disposition Type CREMATION | | | Date of Disposition DECEMBER 21, 2017 | | |
| | Place/Address RURAL CEMETERY (CREMATORIAL), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | | |
| Endorsements | | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | | |
| | State Tracking # 056997 | | Local Permit # E-PERMIT | | | |
| | Date DECEMBER 20, 2017 | | Date | | Name of Agent | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: John H. Cobell | | | | | |
| | Place of Disposition (Facility Name and Address) 180 Grove Street Worcester, MA 01605 | | | Signature | | |
| | Disposition Type Cremation | Date of Disposition DEC 21 2017 | Name of Superintendent or Authorized Designee: John H Cobell | | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics

DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2018 029312

RECEIVED
TOWN OF SPARKS OFFICE

0000305235

Form R-309 07012014

2018 JUN 26 A 8:24

SOUTHBOROUGH, MA

| | | | | | | | |
|--|--|--|--|--|-----|-------------|--|
| DECEDENT | Decedent Name QI, XIANGQIAN --- | | | | | | |
| | Place of Death | 3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA | | | | | |
| | Date of Death | JUNE 22, 2018 | Date of Birth | NOVEMBER 23, 1947 | Sex | MALE | |
| | Residence | 3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | Rank/organization/outfit(most recent) --- | | | |
| | Branch of military (most recent) --- | Date Discharged (most recent) --- | | Service Number(most recent) --- | | | |
| CERTIFIER | Certifier ASHRAF ELKERM, MD | | | Lic # 81917 | | | |
| | Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453 | | | | | | |
| | Immediate Cause of Death METASTATIC SQUAMOUS CELL LUNG CANCER | | | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | | | |
| DISPOSITION | Funeral Licensee/Designee RICHARD D. COLLINS | | | Lic # 6312 | | | |
| | Facility. FITZGERALD & COLLINS FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS | | | | | | |
| | Disposition Type CREMATION | | | Date of Disposition JUNE 26, 2018 | | | |
| | Place/Address RURAL CEMETERY (CREMATORIUM), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | | | |
| Endorsements | | | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | | | |
| | State Tracking # 029312 | | Local Permit # 18-6 | | | | |
| | Date JUNE 25, 2018 | | Date JUNE 26, 2018 | | | | |
| Name of Agent JAMES F. HEGARTY | | | | | | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | | | |
| | Place of Disposition (Facility Name and Address) | | | Signature <i>X</i> | | | |
| | Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | | | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.